

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe aka Doe's Funtime

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER:

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Perla S De Leon

Telephone: \_\_\_\_\_

Address: 18 cool meadow way  
Fountain Inn, SC 29644

Fax: \_\_\_\_\_

Other: 917 455 0985 (cell)Email: Perla85@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
AUG 11 2021  
PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*je*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: February 22, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Ebenezer Ride Services LLP

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

18 cool meadow way Fountain Inn SC 29644  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

917 455-0985

Phone

Fax

Pdeleon85@aol.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business

☐ Corporation - List names and addresses of two principal officers.

Perla De Leon 18 cool meadow way Fountain Inn, SC 29644  
Priscilla Banta - 300 Spokane Drive, Greenville SC 29607

Applicant is financially able to furnish the services as specified in this application and submit the following statement of assets and liabilities

### Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	\$ 20,000.00	Loans Owed on Motor Vehicles	0
Cash on Hand	\$ 200	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	0
Total Assets	\$ 20,000.00		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blanket/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies, for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete. Attach current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

**Perla De Leon**  
Name of Applicant

**18 cool meadow way Fountain Hill, SC 29614**  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

**HEMLY INSURANCE GROUP**  
Name of Insurance Company

**1206 Louise Rd Greenville, SC 29607**  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE.**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Demeter Auto Services LLC  
 DEMETER Insurance Quote  
 As of July 29, 2021

Policy Type	Carrier	Premium	Financing Available	Down Payment	Monthly Payment	No. of Payments	Total
<b>Commercial Auto</b>		\$ 50,098.00	Yes	\$ 7,883.00	\$ 4,222.00	10	\$ 50,103.00
<u>Commercial Auto Coverages</u>							
Limit of Liability	\$	1,000,000					
Uninsured Motorists		25000/50000/25000					
Underinsured Motorists		25000/50000/25000					
Medical Payments	\$	5,000					
Deductible	\$	1,000					
Symbols		7					
<b>Physical Damage</b>		\$ 5,424.00	Yes	\$ 979.00	\$ 445.00	10	\$ 5,429.00
<u>Physical Damage Coverages</u>							
Average Stated Amount of Vehicles	\$	15,000					
Deductible	\$	1,000					
<b>General Liability</b>		\$ 3,192.00	Yes	\$ 1,091.75	\$ 274.19	9	\$ 3,559.46
<u>General / Professional Liability Coverages</u>							
Aggregate Limit	\$	2,000,000					
Each Occurrence Limit	\$	1,000,000					
Products and Completed Operations	\$	1,000,000					
Personal and Advertising Injury	\$	1,000,000					
Damage to Premises	\$	50,000					
Sexual Abuse / Molestation	\$	1,000,000					
Retention	\$	2,500					



MUNDO LATINO MEXICO  
212 ANKENY ST  
ALBUQUERQUE, NM 87102

**PROGRESSIVE**  
COMMERCIAL

Phoenix Ride Services LLP  
18 COO MEADOW WAY  
ECONOMY INN, SC 29614

Agent/producer:  
Progressive Insurance Company  
May 13, 2021  
Policy issued 10/13/2021 10/13/2021  
Page 1 of 4  
Customer Identification: 1.305.694.2669

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co., a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

### Policy information

Business: Taxi Service

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$10,559.00
Paid in full discount	-1069.00
Policy premium if paid in full	\$9,490.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Total payment	Payments
11 Payments, 16.67% Down	\$10,559.00	\$1,766.86	11 payments of \$964.22 and 1 of \$964.16
10 Payments, 20.0% Down	\$10,559.00	\$2,118.20	9 payments of \$942.67 and 1 of \$942.84
6 Pay, Seasonal, 20.0% Down	\$10,559.00	\$2,118.20	5 payments of \$1,693.16
10 Payments, 25.0% Down	\$10,559.00	\$2,645.75	9 payments of \$884.25
4 Pay, Seasonal, 25.0% Down	\$10,559.00	\$2,645.75	3 payments of \$2,142.75
2 Payments, 50.0% Down	\$10,559.00	\$5,283.50	1 payments of \$5,283.50

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Total payment	Payments
1 Payment	\$9,490.00	\$9,490.00	None
11 Payments, 16.67% Down	\$11,160.00	\$1,867.04	9 payments of \$911.30 and 1 of \$911.26
10 Payments, 20.0% Down	\$11,160.00	\$2,218.40	10 payments of \$904.16
6 Payments, 20.0% Down	\$11,160.00	\$2,218.40	5 payments of \$1,003.28 and 1 of \$1,003.28
6 Pay, Seasonal, 20.0% Down	\$11,160.00	\$2,218.40	5 payments of \$1,003.28
10 Payments, 25.0% Down	\$11,160.00	\$2,796.00	8 payments of \$942.14 and 1 of \$942.28
4 Pay, Seasonal, 25.0% Down	\$11,160.00	\$2,796.00	3 payments of \$1,000.00
4 Pay, Quarterly, 25.0% Down	\$11,160.00	\$2,796.00	3 payments of \$1,000.00
2 Payments, 50.0% Down	\$11,160.00	\$5,592.00	1 payments of \$5,592.00
Go to the nearest financing	\$11,160.00	\$11,160.00	None

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### To purchase insurance

Please review the information on your quote for accuracy, as complete and accurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-864-556-8636. Your rate may still apply once your initial payment has been received. Thanks again for the opportunity to work with you.

### Rated drivers

The insured declares that no persons other than those listed on the application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Sex	Address
PRINCE, BOB			
LEON, RITA CRIST			
PERLA DE LEON			

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Coverage	Policy	Vehicle 1	Vehicle 2
Liability To Others			
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		\$5,184
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			
Bodily Injury	\$25,000 each person/\$50,000 each accident		\$5,184
Property Damage	\$25,000 each accident	\$3,000	
Underinsured Motorist			
Bodily Injury	\$25,000 each person/\$50,000 each accident		\$5,184
Property Damage	\$25,000 each accident	\$0	
Medical Payments	\$2,000 each person		
Comprehensive			
See Auto Coverage Schedule	Limit of liability less deductible		\$75
Collision			
See Auto Coverage Schedule	Limit of liability less deductible		\$75
Roadside Assistance			
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$10,551</b>
DMV Fund Fee			
<b>Total 12 month policy premium and fees</b>			<b>\$10,559</b>

Document: Rate Sheet  
Page 1 of 8

**Auto coverage schedule**

1 **2016 FORD ECONOLINE** Stated Amount \* \$5,000 including Permanent, Attached Equip  
VIN 1FDEE3FL7GDC23340 Garaging Zip Code 25644 Radius 100 miles  
Personal use N Body type Passenger Van

	Liability Premium	UM Premium	UM Premium	Med Pay Premium
	\$1256	\$296	\$298	\$169
	Compl/Class Deductible	Compl/Class Premium	Collision Deductible	Collision Premium
Physical Damage Premium	\$1,000/\$0	\$107	\$1,000	\$549
	Roadside Limit	Roadside Premium	Auto Total	
Other Coverages Premium	Selected	\$23	\$2,638	

2 **2015 FORD ECONOLINE** Stated Amount \* \$5,000 including Permanent, Attached Equip  
VIN 1FDEE3FL7FDA27638 Garaging Zip Code 25644 Radius 100 miles  
Personal use N Body type Passenger Van

	Liability Premium	UM Premium	UM Premium	Med Pay Premium
	\$1341	\$296	\$298	\$117
	Compl/Class Deductible	Compl/Class Premium	Collision Deductible	Collision Premium
Physical Damage Premium	\$1,000/\$0	\$105	\$1,000	\$509
	Roadside Limit	Roadside Premium	Auto Total	
Other Coverages Premium	Selected	\$27	\$2,684	

3 **2016 FORD ECONOLINE** Stated Amount \* \$5,000 including Permanent, Attached Equip  
VIN 1FDEE3FL2GDC23343 Garaging Zip Code 25644 Radius 100 miles  
Personal use N Body type Passenger Van

	Liability Premium	UM Premium	UM Premium	Med Pay Premium
	\$1256	\$296	\$298	\$169
	Compl/Class Deductible	Compl/Class Premium	Collision Deductible	Collision Premium
Physical Damage Premium	\$1,000/\$0	\$107	\$1,000	\$549
	Roadside Limit	Roadside Premium	Auto Total	
Other Coverages Premium	Selected	\$23	\$2,638	

Liberty Auto Service, LLP  
Page 4 of 4

4. **2013 FORD ECONOLINE** Stated Amount \* \$5,000 (including Permanently Attached Equip)  
VIN 1FDEE3FL1DDA69929 Garaging Zip Code 29644 Radius 100 miles  
Personal use: N Body type: Passenger Van

Liability Premium	Liability Premium	UMI Premium	Med Pay Premium	
	\$1341	\$296	\$298	\$117
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$1,000/\$0	\$99	\$1,000	\$408
Other Coverages Premium	Roadside Limit	Roadside Premium		Auto Total
	Selected	\$32		<b>\$2,591</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

### Premium discount

Pay ,

Electronic funds transfer

See CDG 6.037

**Exhibit Fit, Willing, and Able (EWA)**

Perla De Leon (Ebenezer Ride Services LLC)  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 EXECUTIVE CENTER DRIVE, SUITE 100  
 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*[Signature]*

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Greenville

SWORN TO BEFORE ME  
 This 3<sup>rd</sup> day of February, 2021

*[Signature]*  
 Notary Public

Commission Expires 9/7/2027



Print Application

# *The State of South Carolina*

## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Ebenezer Ride Services LLP, a limited liability partnership duly organized under the laws of the State of South Carolina and registered on November 5th, 2020, and has an expiration date of November 5th, 2021 pursuant to S.C. Code Ann. §33-41-1110, and has not filed a cancellation of registration as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 23rd day  
of February, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 201105-1706363

Filing Date: 11/05/2020

FEB 23 2021  
REFERENCE ID: 716018

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

*Mark Hammond*

APPLICATION FOR REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP /  
APPLICATION FOR RENEWAL OF A LIMITED LIABILITY PARTNERSHIP  
Limited Liability Partnership - Domestic

Filing Fee - \$100.00

Pursuant to South Carolina Code of Laws §33-41-1110 the undersigned submits the following to apply to become a South Carolina limited liability partnership. Registration is effective for one year after the date an application is filed unless it is voluntarily withdrawn.

Check the appropriate box: ☒ Original Application ☐ Renewal Application

1. The name of the limited liability partnership is

Ebenezer Ride Services LLP

"S.C. Code of Laws §33-41-1120 requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P." as the last words or letters of its name.

2. Provide a brief statement of the business the limited liability partnership engages in

transportation

3. The registered office of the limited liability partnership is

420 Cattail Hollow Way

(Street Address)

Simpsonville, South Carolina 29680

(City, State, Zip Code)

And the registered agent at such address is

Aileen A De La cruz

(Print Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

Form Provided by South Carolina Secretary of State, Aug 2018  
F000749038

SC Secretary of State  
Mark Hammond

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Feb 23 2021  
REFERENCE ID: 716018

*Mark Hammond*

Ebenezer Ride Services LLP

Name of Limited Liability Partnership

4. If the registered limited liability partnership's principal office is not located in South Carolina, provide the address of the principal office.

(Street Address)

(City, State, Zip Code)

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State 11/05/2020
6. The registered limited liability partnership has the following number of partners 2
7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 S.C. Code of Laws, as amended. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date: 11/05/2020

Priscilla A Brito

Signature of Partner

Priscilla A Brito

Type or Print Name

Aileen A De la Cruz

Signature of Partner

Aileen A De la Cruz

Type or Print Name

Filing ID: 210112-1142792

Filing Date: 01/12/2021

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOTICE OF CHANGE OF (1) AGENT FOR SERVICE OF  
PROCESS OR (2) ADDRESS OF AGENT  
LIMITED LIABILITY PARTNERSHIP - DOMESTIC AND FOREIGN

The limited liability partnership submits the following statement of change

1. The name of the limited liability partnership is

Ebenezer Ride Services LLP

2. The limited liability partnership is (check either "a" or "b", whichever is applicable)



a. A South Carolina limited liability partnership



b. A foreign limited liability partnership authorized to transact business in South Carolina

3. a. The name of the limited liability partnership's agent for service of process currently on file is

Aileen A De La cruz

(Name)

- b. The South Carolina street address of the registered agent's office currently on file is

420 Cattail Hollow Way

(Street Address)

Simpsonville, South Carolina 29680

(City, State, Zip Code)

4. Check and complete all boxes (a-b) that apply



a. The limited liability partnership is changing its agent for service of process

The name of the limited liability partnership's new agent for service of process is

Perla De Leon

(Name)

I hereby consent to the appointment as registered agent

Perla De Leon

(Agent's Signature)

Form Required by South Carolina Secretary of State, September 2019  
F0551

SC Secretary of State  
Mark Hammett

Ebenezer Ride Services LLP

Name of Limited Liability Partnership



b. The limited liability partnership is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:

18 cool meadow

(Street Address)

fountain inn, South Carolina 29644

(City, State, Zip Code)

5. Unless otherwise specified, this notice is effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date: \_\_\_\_\_  
(Date)

Date: 01/12/2021

Priscilla Brito

(Signature of Partner)

Priscilla Brito

(Print Name)